

national organization for public health by state health departments. The public health scene is a rapidly changing one. State health departments have an exceptionally important role to play in the developments now taking place, and which will undoubtedly create the situation for the years ahead. The full potentialities of these developments can be achieved by the strength of unity and involvement which agency membership generates. In union there is strength and agency membership is an important component of unity.

*Verbum sapienti satis*—A word to the wise is sufficient!

### **The Role of Public Health in the Population Crisis**

**T**HERE is increasing evidence that the public may be ready to accept more vigorous programs designed to curtail the frightening upsurge in population. The time is ripe for public health authorities to assume leadership in directing these programs. The way has been prepared for them through the long-time work of the several voluntary agencies concerned with birth control, and more emphatically by the recent considerable attention which the press and other mass media have given to the population problem. When campaigns were initiated against the venereal diseases and other endemics, the public health profession did not have the advantage of such prior preparation of the public.

It is now generally recognized that many of the social problems which confront us today, especially those connected with the world-wide trend toward urbanization, are directly related to the accelerating increase in populations. Poverty, hunger, poor housing, delinquency, unemployment, water and air pollution, and inadequate education facilities have been accentuated and aggravated by the population explosion.

In all these areas, society is struggling to deal with end results at rapidly mounting public expense. Federal, state, and local health authorities can assume a preventive role in these areas as they have traditionally done in other areas. And the crisis is so great that if they do not do so, other public agencies with less experience in prevention must lead the way.

In city after city, welfare budgets are being exceeded. The cost for aid to dependent children especially has mounted. Population programs may be expected in part to halt rising welfare costs. There are parallels between programs for population control and for the control of communicable diseases. The problems of case finding, public education, professional education, services for the indigent and the need for legislative action are similar.

The situation would seem to call for the establishment in every major health department of a Population Unit which would be on a par with other major divisions in the department. The task is so great, the stakes are so high that population programs will not achieve their end if responsibility for them is made an incidental part of the work of some other division which already has primary responsibility for something else. A multidisciplinary approach is essential.

The director of such a Population Unit should be able to count on a cabinet consisting of the health educator, the public health nurse, the laboratory director, the director of maternal and child health services, the director of local health services, the one in charge of medical care programs, a biostatistician, an epidemiologist, and a social scientist. Furthermore, he will need an adequate clerical staff which is a provision sometimes overlooked in setting up professional organizations.

This director needs to be a man of action—an administrator. He would be

familiar with the abundant statistics and research in his field, but it would not be his job to embark on still more studies except those necessary to test the effectiveness of his own program.

His programs of education would be of paramount importance. These would include programs for personal education—letting people know that birth control is possible—the several methods available, the relation of family limitation to personal and family health, welfare, and advancement. His program would also emphasize public education—the relation of population growth to the social economy and the national welfare.

A most important element in his work would be the creation of a climate of opinion which would permit the removal of real or imagined legal obstacles, remove psychological blocks, win support for adequate budgets, and permit his most effective action.

The program which such an administrator will be able to carry on will, of course, vary from one area to another because opportunities vary and there is not one universal population problem; there are many different problems. Some health departments will have to move more slowly than others. But this will not be a new experience for public health workers. They have had to move slowly in attacking most every

public health problem from privy building to periodic health examination. The essential thing is to get started with programs which are on the scale necessary to meet the urgency of the situation.

Many hundreds of trained people will be needed to staff these population programs. To meet this need the schools of public health will have to move quickly to devise curricula and to recruit students. And the usual panoply of institutes, short courses, and facilities for inservice training will be needed.

In entering on this crusade, we already have more information than we had when public health pioneers set forth to conquer some of the great scourges of the past. The means for preventing conception are known. The materials are available. There is an experience in persuading people to accept preventive measures. There is a large body of scientific information. There are observations by demographers, economists, and other social scientists.

The imperative today is to hitch together this vast amount of technical information, academic observation, and clinical experience into action programs at high administrative levels—before it is too late.

(The above editorial was prepared by Homer N. Calver, consultant in Public Health, Hugh Moore Fund, New York, N. Y.)

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## LETTER TO THE EDITOR

TO THE EDITOR:

It was noted with interest in your March, 1965, issue of the *American Journal of Public Health* the annotations made on page 484 concerning the article "The Tuskegee Study of Untreated Syphi-

lis (the 30th Year of Observation)," by Rockwell, D. H., et al.

The article was quoted correctly in that 30 or more years after infection the Fluorescent Treponemal Antibody Absorption test was positive in 97 per cent